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ABSTRACT

This report describes the activities of the Head Start program relating to children with disabilities in the 1988-1989 year. Head Start nationally achieved a 13.5 percent level of enrollment of children with professionally diagnosed disabilities. All states and jurisdictions met the federal mandate of at least 10 percent enrollment of children with disabilities, except Alaska and the Pacific Territories. The number of children with disabilities served increased from 65,740 in 1988 to 67,598 in 1989. Head Start programs were unable to enroll 3,390 potentially eligible children with disabilities due to age requirements or lack of vacancies. Over half of the children identified as having a disability had speech impairments, followed in rank order by health impairments, specific learning disabilities, serious emotional disturbances, physical disabilities, mental retardation, hearing impairments, visual impairments, deafness, and blindness. Special education or related services were provided to children with disabilities by Head Start staff and special services were provided by other agencies. Appendixes contain guidelines on diagnostic criteria, a list of participants in the Resource Access Project Network, and tables showing numbers of children with disabilities in Head Start by state. (JDD)

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The Status of Handicapped Children in Head Start Programs

Seventeenth Annual Report of the
U.S. Department of Health and Human Services
to the Congress of the United States on
Services Provided to Children with Disabilities
in the Head Start Program

1991

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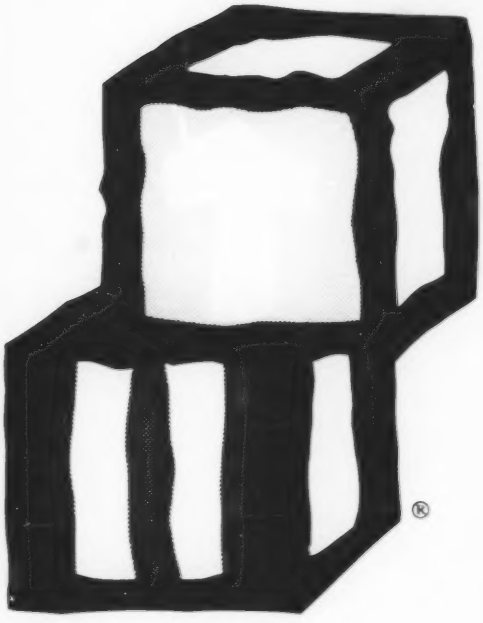

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICE
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TABLE OF CONTENTS

		Page
FOREWORD		
SUMMARY		ii
Chapter 1.	Children With Disabilities in Head Start	1
	A. Purpose of This Report	1
	B. Background Information	1
	C. Overview of Head Start Policies on Services to Children With Disabilities	4
Chapter 2.	Status of Children With Disabilities in Head Start, 1988-1989 Program Year	12
	A. Number of Children With Disabilities Enrolled	13
	B. Types of Disabilities	15
	C. Severity of Disabilities	17
Chapter 3.	Services to Children With Disabilities 1989-1990 Program Year	19
	A. Outreach and Recruitment	19
	B. Diagnosis and Assessment of Children With Disabilities	20
	C. Mainstreaming and Special Services	22
	D. Coordination With Other Agencies	28
APPENDIX A	Diagnostic Criteria for Reporting Children With Disabilities in Head Start	30
APPENDIX B	1989-1990 Resource Access Project Network	33
APPENDIX C	Survey Results of Children With Disabilities in Head Start by State (or Geographical Entity)	35

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

AUG 2 2 1991

FOREWORD

Head Start provides educational, medical, nutritional, dental and mental health services for children from low-income families, along with parent involvement and social services for their parents. In the 1988-1989 program year, comprehensive developmental services were provided to 521,411 children. Of these, the number of children with disabilities served was 67,598, or 13.5 percent of the total enrollment. As they have each year since 1972, Head Start programs worked hard to identify and serve children with disabilities during their important preschool years.

This Administration is committed to maintaining and expanding its support to Head Start, believing that it gives children from low-income families a better start in life. For children with disabilities, opportunities to learn, to play and to interact with children without disabilities and to be part of a comprehensive program such as Head Start are especially important. For the past 25 years, Head Start has been available and accessible to many of these children.

Community-based services and the working relationships which Head Start has developed with other agencies and organizations, such as local public schools and health providers, are critical to Head Start's success. These relationships have augmented the special services for children with disabilities which Head Start provides directly. They have also played an important part in enabling Head Start to increase the number of children with disabilities served from 22,807 in 1972 to 67,598 in 1989. In addition, 50 interagency agreements with State Education Agencies were in effect in 1989, indicating the acceptance of Head Start as a full partner in providing preschool services for children with disabilities. I commend the Head Start program for its special achievements in serving the interests of economically disadvantaged families and the special needs of children with disabilities.

Louis W. Sullivan

Louis W. Sullivan, M.D.

SUMMARY

Section 640(d) of the Head Start Act, as amended [42 U.S.C. 9835(d)], requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number at enrollment opportunities in Head Start programs in each State shall be available for handicapped children, and that services shall be provided to meet their special needs." The Head Start Program met this mandate for the 1988-1989 program year in each of the States except Alaska which served 9.3 percent. Puerto Rico, the American Indian programs and the Migrant programs met the goal. For the second straight year, the District of Columbia exceeded the 10 percent requirement, with 11.04 percent. Also this year, the Virgin Islands achieved the goal with 14.3 percent enrollment of disabled children, making a significant improvement over previous years. The Pacific Territories, with 4 percent, did not reach the goal.

Nearly all grantees completed the Program Information Report (PIR), which provides information about children with disabilities, for the 1988-1989 program year. Analyses of the PIR data show that Head Start nationally achieved a 13.5 percent level of enrollment of children with professionally diagnosed disabilities.

The enrollment and mainstreaming of children with disabilities has become a characteristic feature of local Head Start programs. Head Start continues to be the largest program that integrates preschool children with disabilities in group experiences with non-disabled children on a systematic basis, i.e., that mainstreams preschool children with disabilities.

Preschool programs that integrate children with disabilities give disabled children a chance to learn and play with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the child with disabilities begins to develop a sense of control over his or her own life and a capacity to function among other people in spite of a disability.

This report is based on data from the PIR which was completed by Head Start programs in June 1989. Therefore, the data used in this report are frequently cited as 1989 data, although the report covers program year 1988-1989.

Highlights are:

- The number of children with disabilities served by Head Start programs increased from 65,740 in 1988 to 67,598 in 1989--an increase of 1,855.

- Children professionally diagnosed as disabled increased to 13.5 percent of the total enrollment in full year programs in 1989. By comparison, in 1988, children professionally diagnosed as disabled accounted for 13.3 percent of total enrollment.

- In 1989, all Head Start programs had enrolled at least one disabled child.

- In 1989, Head Start programs reported that they were unable to enroll 3,390 potentially eligible children with disabilities located by them or referred to them. The reasons most frequently reported were that the children did not fit the age requirements or that there were no vacancies. In 1988, programs reported that they were unable to enroll 4,096 children with disabilities.

- The distribution of children with disabilities in Head Start, categorized by primary disabling condition, is: 66.8 percent speech impaired, 10.8 percent health impaired, 5.6 percent specific learning disability, 4.6 percent seriously emotionally disturbed, 4.3 percent physically disabled, 3.9 percent mentally retarded, 1.9 percent hearing impaired, 1.8 percent visually impaired, 0.2 percent deaf, and 0.2 percent blind.

- In 1989, 16.1 percent of the children with disabilities enrolled in the Head Start programs had multiple disabling conditions. This reflected a slight decrease from 16.5 percent in 1988.

Head Start programs reported that special education or related services are provided to children with disabilities by Head Start staff. These include individualized teaching, speech therapy and language stimulation, and transportation. Special services were also provided to Head Start children by other agencies. Examples include medical and psychological diagnosis, evaluation or testing, special therapy and language stimulation, and medical treatment.

Head Start programs also reported that the following special services were provided to parents of children with disabilities:

counseling, referrals to other agencies, visits to homes or hospitals, parent conferences with technical staff and other parent meetings, transportation, literature and special teaching equipment, workshops, medical assistance, and special classes.

Head Start programs reported working with other agencies in several ways:

- Thirty-two percent of the children with disabilities, or 20,244 children, were professionally diagnosed prior to the beginning of the program year. Some of these children were referred from other agencies and some had received services in Head Start the previous year.

- Sixty percent of the children received special education or related services from other agencies. Of these children, the overwhelming majority (93 percent) received special education and related services from a combination of Head Start and other agencies.

- There were 50 agreements with State Education Agencies, 1,590 written or informal agreements with local education agencies and 1,534 written or informal agreements with other agencies regarding services for children with disabilities.

In 1989, Head Start continued its strong emphasis on meeting the needs of children with disabilities. Local programs continued to cooperate with other agencies to make maximum use of limited resources and to provide the appropriate special services which have become hallmarks of Head Start.

CHAPTER 1

Children With Disabilities in Head Start

A. Purpose of This Report

This is the Seventeenth Annual Report to the Congress on "The Status of Handicapped Children in Head Start Programs." Pursuant to Section 640(d) of the Head Start Act, as amended [42 U.S.C. 9835(d)], the purpose of this report is to inform the Congress of the status of children with disabilities in Head Start programs, including the number of children being served, their disabling conditions and the services being provided to them.

This report discusses the status of children with disabilities in full year Head Start programs in 1988-1989. It is based on the Program Information Report (PIR) survey for that year, a survey to which all programs responded. In 1989, Head Start programs were funded to serve 453,399 children. However, the total number of children who were served during the year was 521,411. This total enrollment figure includes children who were enrolled for less than a full year but received some services, and is the base figure used to calculate the percentage of children with disabilities served.

Almost all Head Start programs are full year programs that operate eight to twelve months of the year. Thirty-seven Parent and Child Centers (designed to serve children from birth to three years of age and their families) were included in the 1988-1989 PIR survey for the fourth time.

B. Background Information

The following information on the Head Start program describes the context in which special services are provided. In 1989, Head Start served 38 percent of all eligible children for one year before they entered school.* A full range of ethnic groups was represented in 1988-1989, when a special survey question was included in the Program Information Report. Head Start enrollment in 1988 was 4.2 percent American Indian, 21.9 percent Hispanic, 38.2 percent Black, 32.5 percent white and 3.2 percent Asian.

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* REPORT, "U.S. Children and Their Families: Current Conditions and Recent Trends, 1989," Select Committee on Children, Youth, and Families: U.S. House of Representatives, 101st Congress. U.S. Government Printing Office, 1989.

This survey also illustrated the diversity of Head Start children. Programs reported that, in the 1988-1989 program year, English was not the dominant language for 102,875 children (20 percent of those enrolled). Among these children, Spanish was the most frequently used language (81,541), followed in descending order by Vietnamese (2,319), Chinese (1,682), Hmong (1,576), Haitian (1,542), Cambodian (1,275), French (326), Korean (315) and Japanese (33). Particularly noteworthy is the fact that, for 12,266 additional children, other (unspecified) languages were dominant. The diversity of dominant languages makes more difficult the challenge of screening, assessing and providing appropriate services for children with disabilities. While this information was not gathered for the 1988-1989 program year, increases in immigration and reports by grantees show this diversity continues to be a significant factor in Head Start's enrollment.

Each Head Start program carries out a community needs assessment and is encouraged to use non-Head Start resources in the community, saving scarce resources for services not available elsewhere. Head Start agencies are required to establish procedures to obtain payment for services provided to children from other agencies which are responsible for those services as stated in Section 642(b)(4) of the Head Start Act, [42 U.S.C. 9837(b)(4)]. With respect to medical or dental services, payments may not be made with Head Start funds if funding is available from non-Head Start sources [45 C.F.R. 1304.3-4(a)(1)]. Fifty-three percent of the Head Start children are enrolled in the Medicaid/Early Periodic Screening Diagnostic and Treatment (EPSDT) program which pays for medical and dental services. Ninety-four percent of the Head Start families received social services from Head Start and/or through referrals to other agencies.

Eighty-seven percent of all Head Start parents provided volunteer services in 1989. Also, 35 percent of the staff are parents of current or former Head Start children, and many parents have built upon their experiences in Head Start to enter other career fields.

It has been estimated that there are 240,000 Head Start aged eligible three-to-five-year-old children with disabilities in the United States. Although there are various programs available to assist children with disabilities, Head Start makes a notable contribution, particularly for those children with disabilities who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates disabled and non-disabled children. The number of children with disabilities

enrolled in Head Start has risen since 1973 (when the data from the PIR were first reported) from 22,807 to 67,598 children in the 1989 program year.

Children with disabilities enrolled in Head Start programs received the full range of child development services required for all children by the Head Start Program Performance Standards [45 CFR 1304]. These include education, parent involvement, social services, and nutrition and health services (medical, dental, and mental health). In addition, they received the special education and related services required by the Head Start legislation. The Head Start programs reported special efforts to enroll and serve more severely disabled children. Programs provided assessment and diagnosis by professionals to evaluate accurately the nature and severity of each child's disability in order to serve the child most effectively.

Head Start programs are also involved in several national efforts to serve children with disabilities. Under the Education for All Handicapped Children Act of 1975 (P.L. 94-142), each State's maximum allocation is based on the number of children with disabilities, three through 21 years of age, currently being served [20 U.S.C. 1411(a)(1)(A)]. As a major provider of services to preschool children with disabilities, Head Start program personnel work with local education agencies to ensure that children who have been professionally diagnosed as disabled and who are receiving Head Start services are included in the State "Child Count" [34 C.F.R. 300.750]. In addition, Head Start programs coordinate their searches for unserved children with disabilities with the Statewide "Child Find" efforts required under P.L. 94-142 [34 C.F.R. 300.220]. Head Start personnel also utilize other resources such as Title V of the Social Security Act.

The Administration on Children, Youth and Families (ACYF) has funded a network of projects called Resource Access Projects (RAPs) to provide training and technical assistance to Head Start grantees to enable them to serve children with disabilities and their families. In 1977, an interagency agreement between ACYF and the Office of Special Education Programs in the Department of Education designated the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of Head Start grantees in the development of State plans for preschool children with disabilities as supported under P.L. 94-142 and the 1986 Amendments, P.L. 99-457.

Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool children with disabilities are now in effect in 50 States and Territories.

The RAP training is based on an annual needs assessment. The training includes the use of eight program manuals designed to assist teachers, parents, and others (such as diagnosticians and therapists) in mainstreaming children with disabilities. The manuals were developed in collaboration with teams of national experts and Head Start teachers under the direction of the Head Start Bureau.

Parent involvement is a keystone of the Head Start program. Parents have opportunities to participate actively on Policy Councils, to volunteer in the program, and to learn about child development and disabling conditions.

To ensure appropriate special services and the optimal transition by disabled Head Start children into public school, Head Start personnel help parents participate in developing an Individualized Education Program (IEP) for each disabled child. The ACYF has applied its experience with the transition process for children with disabilities to the needs of all children as they leave Head Start for other programs. Materials on effective transition strategies continued to be disseminated to Head Start staff and others during the 1988-1989 program year.

The RAPs have developed complementary materials to assist in the smooth transition of children with disabilities.

C. Overview of Head Start Policies on Services to Children With Disabilities

Section 640(d) of the Head Start Act [42 U.S.C. 9835(d)] requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children and that services shall be provided to meet their special needs." The data presented here reflect Head Start efforts to respond to this legislative mandate.

In addition, the Head Start Act specifies the definition of children with disabilities provided in paragraph (1) of section 602 of P.L. 91-230, the Education of the Handicapped Act, as amended [20 U.S.C. 1401(a)(1)]. That Act defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech or language impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or

other health impaired children, or children with specific learning disabilities, who by reason thereof require special education and related services. "Children with disabilities must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low-income families, including families receiving public assistance).

All Head Start programs must meet the requirements of the Program Performance Standards as specified in the regulations [45 CFR 1304]. While these regulations clearly define the services to be provided to non-disabled children, they state that programs must be individualized to meet each child's needs. However, no standards have ever been set forth in regulations for services for children with disabilities and their families in Head Start. Based on the definition of children with disabilities, guidance for services to children with disabilities and services to meet the special needs of their parents was distributed to grantees between 1973 and 1980. This was accomplished through various transmittal memoranda and other ACYF policy issuances on such topics as diagnostic criteria.

During the 1984-1986 program years, grantees requested that ACYF consolidate and complete performance standards for services for children with disabilities to complement the general Program Performance Standards. Extensive consultation was held with the field concerning the adequacy and usefulness of the current diagnostic criteria and the comprehensiveness of the current guidance on services to children with disabilities. The first draft standards were published in the Federal Register in October 1988. Five hundred comment letters were received, and each of the more than 2,000 individual comments was entered into a database for analysis.

Major issues discussed by the respondents were (1) the need to delineate respective responsibilities of Head Start programs, State Education Agencies, and local public schools following the passage of the 1986 Amendments to the Education of the Handicapped Act, P.L. 99-457, and (2) the need for additional resources for screening, assessment, staff training, and for the provision of special services for children with disabilities. It is anticipated that final regulations will be published in 1991.

Another development which affects Head Start services for children with disabilities was the passage of P.L. 99-457, the Education of the Handicapped Amendments of 1986. This

landmark legislation mandates State Education Agencies to serve all three-, four-, and five-year old children with disabilities by the 1990-1991 school year. The right to a free, appropriate education is extended to these children. Children may be served directly or through contracts. States also were offered funds, by 1990-1991, to plan for services beginning at birth. At-risk children from birth to age three can be served at State discretion. The Head Start Bureau and RAPs disseminated information about this legislation and its family-centered approach to all programs. The legislation is noteworthy because of its emphasis on interagency coordination. In response to this legislation, which requires that existing services continue to be provided by all agencies serving young children with disabilities and their families, a Federal Interagency Coordinating Council was established. Head Start serves as an active partner on this Council, meeting with other agencies concerned with the implementation of P.L. 99-457 and participating in the Partnerships for Progress conference on coordination.

The Head Start Bureau has consistently given priority to assisting local Head Start programs to identify, recruit, and serve children with disabilities. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to children with disabilities are:

1. Outreach and Recruitment - Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving children with disabilities, in order to enroll children with disabilities who meet eligibility requirements and whose parents want the child to participate. No child may be denied admission to Head Start solely on the basis of the nature or extent of a disabling condition. However, sometimes it is determined the child would not benefit from the programs.

2. Needs Assessment, Screening and Diagnosis - Needs assessment, screening, and diagnostic procedures utilized by Head Start programs address all disabilities specified in the legislation in order to provide an adequate basis for special education, treatment and related services. Head Start programs must ensure that the initial identification of a child as disabled is confirmed by trained and qualified

professionals. Assessment must be carried out as an ongoing process that takes into account the child's continuing growth and development. Careful procedures, including confidentiality of program records, are required to ensure that no child or family is mislabeled or stigmatized with reference to a disabling condition. Emphasis is placed on ensuring that the needs of all eligible children with disabilities are accurately assessed in order to form a sound basis for meeting those needs.

3. Diagnostic Criteria and Reporting - In 1975, Head Start, the Office of Special Education Programs (formerly the Bureau of Education for the Handicapped) in the Department of Education, and other agencies that serve children with disabilities reviewed the criteria then being used by Head Start for reporting purposes. Based on that review and in order to be consistent with P.L. 94-142, the Education for All Handicapped Children Act of 1975, as amended [20 U.S.C. 1401(a)(1),(15)], an expanded set of criteria which includes the addition of a "learning disabilities" category was developed. The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, the criteria were specifically tailored to the developmental levels of the preschool population, aged three to five.

   In 1978, malnutrition was deleted from the "health impairment" category. A careful review of this category indicated that the inclusion of severe malnutrition was inconsistent with other conditions included under "health impairment." Since then, malnutrition has been dealt with as part of the overall health services reporting and evaluation.

   Since program year 1981-1982, the reference to "autistic" children has been deleted from the category "serious emotional disturbance" and added to the category "health impairment" for the subsequent reporting of children with disabilities in Head Start. This was done in accordance with the regulation issued in January 1981 by the Secretary of the Department of Education that made changes in the definition of "handicapped children" under Part B of the Education of the Handicapped Act.

Appendix A presents the diagnostic criteria used in reporting disabling conditions of the children in 1988-1989 Head Start programs.

Head Start policy distinguishes between two groups of children: (1) those who are disabled as defined in the legislation and who, by reason of their disability, require special education and related services (see Appendix A), and (2) those who have correctable conditions (e.g., vision with eyeglasses is normal or nearly so) and who do not require special education services. The purpose of making this distinction is so that only children who require additional education or support services will receive special services to help overcome the effects of the disability. Only they can be counted for the purpose of the 10 percent enrollment opportunities requirement. Children with minimal or other problems, such as a delay caused by lack of experiences which can be overcome by regular Head Start programming, but who do not require special education services, will continue to receive appropriate Head Start services but are not considered as part of the Congressionally mandated enrollment target. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a disability.

4. Severely Disabled Children - Severely disabled children are enrolled in Head Start when the professional diagnostic resource recommends that the placement would be appropriate for the child.

   Some of the children with severe disabilities have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely disabled children to learn and play with non-disabled children is vital to their optimal development.

   Placement is made on the basis of the child's Individualized Education Program (IEP). Certain severely disabled children (e.g., the profoundly

retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting with non-disabled children. Many severely disabled children have been successfully integrated, some on a part-time basis or by dual enrollment with other organizations.

5. Services for the Disabled Child - Head Start grantees and delegate agencies must ensure that all children with disabilities enrolled in the program receive the full range of comprehensive services available to non-disabled Head Start children, including provision for participation in regular classroom activities. These services--education, social services, parent involvement, and health services (including medical, dental, mental health and nutrition)--should consider the child's needs, his or her developmental level, and family circumstances. In addition, special education services and support services are provided to meet the unique needs of the individual disabled child.

6. Mainstreaming - Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including children with disabilities. As was noted in the Head Start Manual of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to children with disabilities is consistent with Head Start's approach to serving children with disabilities in a mainstream setting. This mainstream experience of learning and playing with non-disabled children helps foster a positive self-image and assists the child with disabilities in realizing his or her potential.

7. Program Options - Head Start programs are encouraged to consider several program options and to select the one best suited to meeting the individual needs of children. These program options, which include the standard five day center-based option, home-based services (with a weekly visit and a monthly group activity for parents and children), and variation in center attendance, allow the flexibility necessary to individualize services to children with disabilities and their families. Within each option, Head Start

programs are encouraged to develop an IEP based on a professional's diagnosis and, with input from parents and the teacher, to respond to the child's unique needs and capabilities.

The needs of the individual child are taken into account when services are planned at the IEP meeting. Some fragile children with disabilities are most appropriately served in a combination of home and center placements, for example, while some children receive the most appropriate services through dual placement in Head Start and a specialized agency program, such as United Cerebral Palsy or Easter Seal Societies. The great majority of Head Start children with disabilities are served in regular center-based programs on a full- or part-time basis where they receive the important benefits of contact with other children.

8. Collaboration with Other Agencies - As part of the effort to strengthen and expand services to children with disabilities, Head Start programs are required to make every effort to work with other programs and agencies serving children with disabilities in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of:

   - o Outreach, recruitment, identification, and referral assistance;
   - o screening, assessment, and diagnosis;
   - o provision of treatment and support services; and
   - o training and technical assistance.

   Local Head Start programs are encouraged to participate in the implementation of P.L. 99-457, the 1986 Amendments to P.L. 94-142, the Education for All Handicapped Children Act. Head Start personnel have been working with local education agencies to ensure that the count of children who have been professionally diagnosed as disabled and who are receiving Head Start services is included in the State "Child Count" on which the allocation of Federal education for disability funds is based. A number of Head Start and RAP staff members serve on State Interagency

Coordinating Councils, which plan standards and procedures under P.L. 99-457. Head Start programs are also working with Statewide "Child Find" efforts in the search for unserved children with disabilities. Some Head Start programs are reimbursed by local school systems for providing services to preschool children with disabilities under the Education for All Handicapped Children Act and by other State and local funding auspices. Head Start actively pursues such arrangements.

The Administration on Children, Youth and Families encourages the development and implementation of interagency agreements between Head Start at the national and local levels and other Federal, Regional, State, local, and professional agencies and organizations concerned with the education of young children with disabilities and their families. There were 50 agreements in effect between State Education Agencies and Head Start during the 1988-1989 program year, for example. They addressed such matters of mutual interest as screening, training, and the provision of transportation services.

9. Ten Percent Disabled Enrollment by State - Head Start's objective is to achieve at least a ten percent level of enrollment of children with disabilities in each State and to provide the special education and related services necessary to meet the children's needs. The Administration for Children and Families'(ACF) Regional Offices work with individual Head Start grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

CHAPTER 2

Status of Children With Disabilities in Head Start

Section 640(d) of the Head Start Act requires that "the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

The data contained in this report were obtained through the Handicapped Services section of the Project Head Start 1988-1989 Annual Program Information Report (PIR). The PIR data were collected by the ACF Regional Offices. The Program Information Report was mailed to all Head Start grantees and delegate agencies in May 1989. Head Start programs reported on the status of children with disabilities as of June 30, 1989, or the end of their program year.

The data in this report are based on responses from 1,283 Head Start full year programs. Almost all Head Start programs are full year programs that operate eight to 12 months of the year. Thirty-seven Parent and Child Centers (designed to serve children from birth to three years of age and their families) were included in the 1988-1989 PIR survey.

The questionnaire gathered data in the following categories:

1. General - Number of both disabled and non-disabled children actually enrolled.

2. Staff - Number of programs with full or part-time coordinators of services for children with disabilities. Type of degrees or licenses held.

3. Enrollment of Children with Disabilities - Number of children with disabilities enrolled who were professionally diagnosed (reported by disabling conditions, multiple disabilities and age).

   Number of children with disabilities, located by and referred to Head Start programs, who could not be enrolled.

   Number of children professionally diagnosed who dropped out.

Number who underwent diagnosis and were found not to be disabled.

4. Services - Number of children with disabilities, by disabling condition, receiving services from Head Start and from other agencies.

   Agreements with other agencies to provide needed services to children with disabilities.

A. Number of Children with Disabilities Enrolled

It has been estimated that there are 240,000 Head Start eligible three to five-year-old children with disabilities in the United States.* Although Head Start cannot meet the needs of all of these children with disabilities, it is making a notable contribution. A Head Start experience is particularly valuable for those children with disabilities who need a comprehensive developmental experience in a mainstream setting that integrates disabled and non-disabled children. The number of children with disabilities enrolled in Head Start has increased since the data were first reported in 1973. In November-December 1973, Head Start programs were serving 22,807 children with disabilities or 10.1 percent of their enrollment. As of June 1989, Head Start programs reported that they had served 67,598 children with disabilities, or 13.5 percent of their enrollment during the 1988-1989 program year. All but a small fraction of these children were fully integrated into the regular Head Start programs. Integrated programs provide peer models and higher levels of cognitive, language, and social stimulation than can be offered by programs serving only the disabled.

Highlights:

- There were 67,598 children with disabilities served in Head Start programs in 1989. This represents an increase of 1,855 children over the 65,740 children with disabilities served in 1988. Children

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* The March 1988 Current Population survey conducted by the Bureau of Census reported that the number of children in poverty in the age group three to five is 2,400,000. Based on the estimated prevalence of children with disabilities used by the Office of Special Education Programs, U.S. Department of Education, it is estimated that 10 percent, or 240,000, of these children are disabled.

professionally diagnosed as disabled accounted for 13.5 percent of total actual enrollment in Head Start programs, a slight increase from the 13.3 percent in 1988.

- Children professionally diagnosed as disabled accounted for at least 10 percent of all Head Start enrollment in each of the 50 States except Alaska, with 9.27 percent.

- American Indian programs, the Migrant programs, Puerto Rico and the Virgin Islands met the goal in 1989.

During 1986-1987 a number of Pacific Territories elected to become independent of the United States. As a result, funding for the Head Start programs on Yap, Truk, Palau, Ponape, and the Commonwealth of the Mariana Islands was reduced in accordance with a phase-out plan. Technical assistance was also reduced. The number of children enrolled and the percent of children with disabilities decreased to 4.2 percent.

(Appendix C provides disabilities enrollment data for each State and Territory, as well as for the Indian and Migrant programs.)

The ACF Regional Offices are working with the Head Start programs in the areas that did not meet the mandate to devise specific strategies, such as increasing coordination of resources, for expanding enrollment of children with disabilities.

Each full year Head Start program served at least one child with disabilities. Table 1 indicates that services are provided for infants and toddlers as well as preschoolers. It reflects recognition of the importance of providing special assistance as early as possible. Of the 67,598 children with disabilities served by Head Start programs, 1.2 percent were less than three years of age, 23.9 percent were three years old, 65.8 percent were four years old, 9.04 percent were five years old, and about 0.12 percent were six years or older. (Head Start children six years of age or older are in communities where services are less available or more difficult to access. The number of six year olds declined during this program year from 168 to 82.)

TABLE 1

Ages of Children Professionally Diagnosed as Disabled

Ages	Numbers
Under 1 Year	95
1 Year Old	181
2 Years Old	537
3 Years Old	16,142
4 Years Old	44,453
5 Years Old	6,108
6 Years and Older	82

Data were collected on the dropout rate for children with disabilities for the sixth time in the 1988-1989 PIR. Of the total number of children with disabilities served in Head Start during the 1988-1989 operating year, 5,829 or 8.6 percent dropped out during the operating period. This is a substantially lower proportion than reflected for all children enrolled in Head Start in 1988-1989, when 14.9 percent of the total actual enrollment dropped out during the operating period. Further, of the total number of children who dropped out, 7.5 percent were children with disabilities. This is also substantially lower than the proportion of children with disabilities to the total actual enrollment (13.5 percent).

In each of the six years during which these data have been collected, the percentage of children with disabilities dropping out has been less than the percentage of dropouts for the total enrollment. This may indicate that the parents of the children with disabilities realize the importance of early services for their children and may be making a greater effort not to move the children during the program year. They may also consider the services beneficial to their children to a higher degree than do the parents of the non-disabled children. An absence of other service options may also be a large factor.

B. Types of Disabilities

Head Start is mandated to serve children with a broad range of disabilities such as those who are mentally retarded, hard of hearing, deaf, speech impaired, visually disabled, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities who by reason thereof require special education and related services.

The types of disabling conditions of those children professionally diagnosed as disabled are presented in Table 2 as a proportion of the total population of children with disabilities in Head Start programs in 1989. Of the children with disabilities enrolled in Head Start, 66.8 percent have been diagnosed as speech impaired. This is by far the largest category of children with disabilities served in Head Start programs. However, Head Start requires that all children be professionally diagnosed, and a previously completed study on the speech impaired children determined that most of the children categorized as speech impaired in Head Start had been appropriately diagnosed.

In annual reports to the Office of Special Education Programs over the last decade, the State Education Agencies report an even higher proportion of preschool age speech impaired children being served under P.L. 94-142. Thus, the proportion of speech impaired children served by Head Start is consistent with the proportion of preschool children in the larger population served under P.L. 94-142 by public schools, as well as with reports from other preschool programs. The ACYF maintained a focus on working with speech and language impaired children and also stressed the prevention of such impairment in the training and materials provided for Head Start programs in 1988-1989. The RAPs continued to provide training sessions on language development, speech skills, and otitis media (middle ear infection, which is very prevalent among preschoolers and can adversely affect speech and language development). Additionally, a RAP Task Force studied ways to access related services, particularly speech and language therapy.

TABLE 2
Types of Disabling Conditions Diagnosed
Total Number and Percent
of Children Professionally Diagnosed

Disabling Condition	Number of Disabled	Percent Diagnosed as Disabled
Speech Impairment	45,175	66.8
Health Impairment	7,281	10.8
Serious Emotional Disturbance	3,096	4.6
Physical Disability (Orthopedic)	2,898	4.3
Mental Retardation	2,610	3.9
Hearing Impairment	1,277	1.9
Visual Impairment	1,243	1.8
Blindness	137	0.2
Deafness	110	0.2
Total	67,598	100.0

The distribution in the 1988-1989 program year was very similar to that reported in the previous year.

C. Severity of Disabilities

Head Start serves a significant proportion of children with severe or multiple disabilities. Such children present additional challenges to Head Start staff in the planning and provision of individualized services. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific disabling condition(s) and the unique needs arising from those conditions. A child with multiple disabilities is likely to need a variety of treatments and services. A deaf-blind child, for example, might need mobility skills training, auditory training for use of slight residual hearing, occupational therapy to develop small motor skills, and pre-Braille training. Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives and have to tailor services for that child in order to provide a focused, systematic plan of action.

In 1989, 10,902 (16.1 percent) of the children with disabilities enrolled in Head Start programs had multiple disabling conditions. This is a slight decrease from the 16.5 percent of Head Start children with multiple disabilities last year.

The highest incidences of multiple disabling conditions occur among children whose primary disabling condition is deafness (40.6 percent) and mental retardation (59.5 percent). Speech impaired children show the lowest incidence of multiple disabilities (8.8 percent). Table 3 provides specific data by primary disabling condition on children who have multiple disabling conditions.

TABLE 3

Distribution of Children Who Have One or More Disabling Conditions by Primary or Most Disabling Condition

Primary Condition	Total Number of Children	Children With Other Disabling Conditions	Percent With Multiple Disabling Conditions
Blindness	137	46	33.58
Visual Impairment	1,243	150	20.11
Deafness	110	47	42.73
Hearing Impairment	1,277	518	40.56
Physical Disability	2,892	898	30.97
Speech Impairment	45,175	3,972	8.79
Health Impairment	7,281	1,385	19.02
Mental Retardation	2,610	1,553	59.50
Emotional Disturbance	3,096	848	27.39
Learning Disability	3,771	1,385	36.73
Total	67,598	10,902	16.13

The Administration on Children, Youth and Families continues to pursue an active outreach and recruitment effort for enrolling and serving severely disabled children. The agency encourages sharing resources and joint enrollment with other programs and agreements between Head Start programs and local education agencies. Additional materials have been developed for use by the Resource Access Projects in training programs to work with severely disabled children.

CHAPTER 3

Services to Children With Disabilities

In program year 1988-1989, local Head Start programs developed and carried out activities and services of direct and immediate benefit to children with disabilities. These activities and services started with the active recruitment of children with disabilities, particularly more severely disabled children, who might benefit from Head Start. Programs provided assessments and diagnoses to evaluate accurately the nature and severity of each child's disability in order to serve the child most effectively. Head Start programs continue to increase their own resources and other capabilities to meet the needs of the children with disabilities enrolled. In addition, the programs use other agencies as sources of special services. This chapter reports on the degree to which these activities and services are being performed and reports on the utilization of staff, facilities, and materials.

A. Outreach and Recruitment of Severely Disabled Children

Head Start programs reported these steps taken to enroll and serve more severely disabled children: coordination with other agencies serving severely disabled children, sharing services with other agencies serving severely disabled children, and specific outreach and recruitment procedures aimed at recruiting severely disabled children. Programs reported that they held orientation sessions for local diagnosticians and provided them with special materials. Programs also reported making changes in recruitment and enrollment criteria.

Head Start programs and other agencies serving severely disabled children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of mainstreamed learning experiences, while the other agencies provide some or all of the needed special services.

Reasons For Not Enrolling Some Children With Disabilities

Head Start programs reported that they were not able to enroll 3,390 children with disabilities located by or referred to them. In 1988, programs reported that they were not able to enroll

4,096 children with disabilities. As in previous years, the most common reasons given were: the children did not fit the age requirements, other agencies serve these children, and there were no available openings. The nature of the Head Start mandate is not to serve every child with disabilities who might apply, but to assure that at least ten percent of enrollment opportunities are made available to such children. The majority of children enrolled in Head Start programs do not have disabilities. This circumstance makes it possible to maintain a typical setting into which children with disabilities can be mainstreamed.

Programs provide more than one year of service to children with disabilities when they need extended programming. In addition, children who cannot be served in Head Start are referred to other programs. In order to improve access to services for children who cannot be enrolled in Head Start, ACYF is participating with other members of the Federal Interagency Coordinating Council in the development of an interagency agreement to coordinate and improve early identification, referral and access to services.

B. Diagnosis and Assessment of Children With Disabilities

The Head Start statutory definition of children with disabilities excludes from reporting as disabled those children with correctable conditions who do not need special services, or children who will not require services additional to those which Head Start programs regularly provide.

In order to meet the legislated requirement for reporting, to identify the needed special education and related services, and, more importantly, to ensure that children who are considered disabled are not misdiagnosed, Head Start requires that each child reported as disabled be diagnosed by appropriate professionals. At the time of data collection, all of the 67,598 children reported as disabled had been diagnosed by qualified professionals. This includes children referred to Head Start by other agencies or individuals and diagnosed prior to Head Start enrollment. In the 1988-1989 program year, 30 percent had either been diagnosed and referred to Head Start by other agencies or individuals outside Head Start or diagnosed by Head Start prior to the start of program services in the fall. Enrolling children who have already been diagnosed by other agencies is a cost-saving procedure which encourages prompt provision of services.

Of the children who were not referred with a diagnosis but were diagnosed through Head Start efforts, more than half (53 percent) were diagnosed between the time of enrollment in Head Start and January 31, 1989. In addition to the 67,598

children diagnosed as disabled, Head Start provided assessment for another 21,902 children who had failed screening or been referred, but were found to be not disabled.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being disabled:

Step 1: An interdisciplinary diagnostic team (or an appropriate professional qualified to diagnose the specific disability) makes both a categorical diagnosis and a functional assessment. Head Start diagnostic criteria (see Appendix A) are used to make a categorical diagnosis. The categorical diagnosis is used primarily for reporting purposes and for overall program planning. The categorical diagnosis is consistent with procedures Head Start programs must follow to ensure confidentiality and to guard against mislabeling. No individual child is identified publicly as "disabled." Only the aggregated numbers of children with specific disabling conditions are reported by local Head Start programs to ACYF.

Step 2: The diagnostic team also develops a functional assessment of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: An Individualized Education Program (IEP) is developed based on the functional assessment and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and also describes the special education and related services needed to respond to the child's disability. The plan spells out classroom activities, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents, and the child's teacher.

Step 4: Ongoing Assessment of the child's program is made by the Head Start teacher, the parents, and, as needed, by the diagnostic team. The IEP and the delivery of services are modified, if needed, based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements for continuity of services when the child leaves the program. This may include (1) updating the assessment information with the development of recommendations for future treatment; (2) conducting an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child; and (3) transferring of files, with parental consent. The public school is the primary agency responsible for following up to ensure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team, with close and continuing involvement of the parents, appears to be the best way to ensure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all of the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

C. Mainstreaming and Special Services

In mainstreaming children with disabilities before the age of five, Head Start has built on accepted principles of the importance of the early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning, and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services--medical, dental, nutritional, mental health, social services, and parent participation--tailored to the specific capabilities of each child. In addition, children with disabilities are to receive special education, therapy, or other services, either within the Head Start program or as provided by other agencies. Parents of these children with disabilities also receive training, counseling, and support services.

Mainstreaming - By functioning in an integrated group during the early years, the child with disabilities can learn the ways of the world and some of the problems to be faced. Being with non-disabled children at an early age fosters social interaction and motivates children with disabilities to participate more actively with others. As a result of these experiences, the

child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Preschool programs which integrate children with disabilities give them a chance to play and learn with children who will some day be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The non-disabled child will gain a greater understanding of the range of human differences and will learn to enjoy being with other children who manifest different characteristics and capabilities.

Experience in Head Start since 1972 has corroborated the positive effects of mainstreaming on developmental gains and social interaction and the lack of negative effects which are reported in the literature for the early childhood special education field as a whole. Mainstreaming is in the best interests of a large proportion of children with disabilities. There are, of course, some children who, at least initially, may do better in a home-based program. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and the non-disabled peer group. Others benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Children with disabilities are not over-represented in home-based programs, as Head Start policy requires that the child with disabilities be placed in an integrated classroom setting as soon as appropriate.

Head Start continues to be the largest program that includes preschool children with disabilities in group experiences with non-disabled children on a systematic basis. In 1989, all Head Start programs had mainstreamed at least one child with disabilities.

Special Services - Children with disabilities have special needs which require special services. They may also require special equipment, materials, or modification of existing facilities. The special services required may be provided through Head Start, through outside agencies, or through a combination of both. Table 4 reports comparative levels for special services provided to children with disabilities and their parents in 1987, 1988 and 1989 by reporting Head Start programs.

TABLE 4

Three Year Comparison of Special Services Provided to Children With Disabilities Enrolled in Full Year Reporting Head Start Programs

Services Provided	1987	1988	1989
Total number of children who received special education or related services from Head Start staff	62,276	65,740	67,598
Total number of children who received special services from other agencies	39,623	38,968	40,226
Total number of parents who received special services from Head Start related to their child's disability	36,861	36,368	41,383

Special Services Provided by Head Start and Other Agencies

Head Start programs provide many special education and related services to children with disabilities. Head Start also provides services for children with disabilities in their programs through other agencies. These services include individualized instruction; psychological and physical therapy; medical or psychological diagnosis; evaluation or testing; individualized teaching techniques; speech therapy and language stimulation; transportation; education in diet, food, health and nutrition; assistance in obtaining special services included in the IEP; special teaching equipment; psychotherapy, counseling and behavioral management; medical treatment; special equipment for children; physiotherapy; and occupational therapy.

TABLE 5

Children Receiving Special Education or Related Services From Head Start Only, Other Agencies Only, or Both

Primary Disabling Condition	Head Start Only	Other Agencies Only	Both Head Start and Other Agencies
Blindness	11	4	116
Visual Impairment	385	88	737
Deafness	11	6	83
Hearing Impairment	349	67	825
Physical Disability	575	187	2,059
Speech Impairment	19,616	1,708	23,231
Health Impairment	2,084	408	4,616
Mental Retardation	716	56	1,803
Emotional Disturbance	1,195	115	1,743
Learning Disability	1,310	143	2,231
Total	26,252 (38.8%)	2,782 (4.1%)	37,444 (55.4%)

As indicated in Table 5, 38.8 percent of the children with disabilities served received special education or related services from Head Start only; 4.1 percent received such services from another agency only; and 55.4 percent received special services to help overcome the disability from both Head Start and another agency. This table does not include children who received services such as assessment and referral, but did not receive special education or related services. In the previous program year, 1987-1988, 56.4 percent of the children received special education or related services from both Head Start and other agencies. While the percentage of children receiving services from other agencies declined slightly, it is significant that more than half of the children with disabilities enrolled were receiving services from other agencies as well as from the Head Start programs which enrolled them. This level of coordination represents considerable attention devoted to arranging for cooperative efforts.

Special Services Provided by Head Start to Parents Whose Disabled Children Participate in Head Start

Head Start programs offer special services to all parents of

children with disabilities in addition to the services offered all parents, such as the opportunity to observe and participate in the program and the opportunity to serve on the Policy Council. Each year most of the parents of children with disabilities have accepted and used special services designed to help them understand their children's special problems and the effects of the disability on development and learning. These services include: referrals to other agencies, counseling, conferences with technical staff and other meetings, literature or special teaching equipment, visits to homes and hospitals, transportation, parent meetings, assistance in securing medical services, workshops on school services, special classes, and other services.

Coordination of Special Services - High quality services for children with disabilities require the cooperation of staff in each of the Head Start program components--education, health, social services, and parent involvement. In order to assure coordination, Head Start has recommended that a coordinator of services for children with disabilities be designated on a full- or part-time basis. In 1989, 97.8 percent of the Head Start programs had a coordinator of services for children with disabilities. Over a third (38 percent) of these programs reported a full-time coordinator. About half (46.9 percent) reported a part-time coordinator and 13.3 percent indicated that as a delegate agency they were served by a disabilities coordinator at the grantee level. Of the 1,283 programs reporting in 1989, 90.8 percent had a coordinator with a degree or license: 16.7 percent in early childhood/special education; 13.3 percent in special education; 8.0 percent in psychology; 6.5 percent in speech pathology/audiology; and 46.4 percent in some other area, including nursing, psychology, and social work. A number had degrees in more than one specialty area.

Resource Access Projects (RAPs) - Head Start's commitment to individualization for all children, including those with disabilities, has provided the basis for integrating children with disabilities in a setting with non-disabled youngsters. Head Start's effort to serve children with disabilities, including those with severe disabilities, has placed an increased responsibility on grantees to locate and provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Head Start Bureau has established a network of 10 Resource Access Projects (RAPs) to serve Head Start programs in each Region throughout the nation. In 1986, the 10 RAPs began providing services to Migrant grantees. Since 1986, Indian programs in five western States have received technical assistance and training from the American Indian Programs Branch Resource Center, which provides assistance in serving non-disabled children.

During the 1988-1989 program year, the RAPs emphasized establishing working relationships with many kinds of state, local and Regional organizations and agencies, and the fostering of jointly planned training conferences. It is the responsibility of each RAP to assist Head Start in working with children with disabilities. Activities performed by each RAP are based on annual assessments of grantee needs and include the following:

- o Identifying local, Regional and national resources;
- o determining local Head Start needs and matching these needs with available resources;
- o coordinating the delivery of services to Head Start programs;
- o providing training and technical assistance;
- o promoting and facilitating collaborative efforts and interagency agreements between Head Start and other agencies; and
- o providing resource materials to Head Start grantees.

Additionally, the RAPs have responsibility for providing training, including the use of the eight resource manuals in the series, Mainstreaming Preschoolers. The manuals focus on mainstreaming in Head Start and spell out techniques that can be used by teachers and parents in working with children with disabilities. The RAPs are responsible for conducting a minimum of one workshop per state each year and have been designated as the primary mechanism for dissemination of the Mainstreaming Preschoolers series.

Progress reports show that the RAPs offer training annually and disseminate information at least monthly to all programs. Consistently high numbers of teachers and others trained, information requests filled, and interactions carried out with personnel of other key agencies, especially State Education Agencies, have been reported. Analysis of the progress reports for the 1988-1989 program year corroborates the extensive specific information on the impact of the RAPs which was gathered and validated by site visits and evaluations during the years 1973-1985 by a third party contractor.

The RAP training and the Mainstreaming Preschoolers manuals not only have been widely acclaimed throughout the Head Start

community, but have also achieved recognition far beyond the Head Start programs for which they were primarily intended. The manuals have been sent to other Federal agencies, national professional associations, volunteer organizations that provide services to children with disabilities, and State Education Agencies. They are also being used in public schools, day care programs, universities, and other organizations. The series has been shared with foreign governments as well.

A list of the 10 RAPs and the American Indian Programs Branch Resource Center is provided in Appendix B.

D. Coordination With Other Agencies

Other major foci of the RAPs include promoting collaboration between Head Start and other programs and agencies serving children with disabilities and facilitating the inclusion of Head Start in State plans for serving children with disabilities as supported under P.L. 99-457. In 1974, an interagency agreement between ACYF and the Office of Special Education Programs in the Department of Education designated the RAPs as liaison between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of Head Start grantees in the development or updating of the State plans for preschool children with disabilities which are supported under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool children with disabilities are now in place in 50 States or Territories. Seven new or updated written agreements were signed during the 1988-1989 program year between Head Start and State Education Agencies. It is significant that three of these agreements, with Montana, South Dakota and North Dakota, were first time agreements. In Arizona, Louisiana, North Carolina, and Kentucky, agreements were substantially revised to take into account legislative changes at State and Federal levels. The requirements of P.L. 99-457 for increased coordination between State Education Agencies and other agencies have accelerated progress toward the development and implementation of agreements. On the other hand, changes in policy and personnel turnover have rendered some previous agreements obsolete. Several agreements with former Pacific Trust Territories which have declared independence have been terminated. During the 1991-1992 program year, ACYF's goal is to conclude or revise agreements with State Education Agencies so there will be current working agreements in every State and in the remaining Pacific Territories.

Local level agreements are also important to enabling Head Start to serve children with disabilities. About 97 percent of the programs reported having written or informal agreements with local education agencies (LEAs), or other agencies, regarding services for children with disabilities. A total of 1,590 Head Start programs (85.1 percent) had written or informal agreements with LEAs regarding services to be provided to children with disabilities in Head Start. A total of 1,534 (82.1 percent) of the Head Start programs had such written or informal agreements with agencies other than LEAs. Head Start uses cooperative arrangements widely at the local level, often receiving valuable assistance such as resource teachers, related services, and training.

Agreements with local education agencies can play an important role in facilitating the transition of Head Start children into the public schools. The agreements cover areas of mutual interest and concern, including Child Find, screening, training, transportation, participation in IEP preparation, and sharing of specialists.

The results of the Head Start program's work with children with disabilities and their families show sustained commitment to providing appropriate services to meet the dual needs caused by economic disadvantage and disabling conditions. During the 1988-1989 program year, the Head Start program continued to be a model for the nation in integrating disabled and non-disabled children in a developmental program with education, health (medical, dental, nutrition, and mental health), social services, and active parent participation. In addition, the Head Start program demonstrated community involvement on a broad scale by working closely with public schools and other agencies with common concerns for children and families with special needs.

APPENDIX A

Diagnostic Criteria for Reporting Children With Disabilities in Head Start

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses. These professionals must take into consideration the cultural and/or ethnic characteristics of the Head Start children.

To be counted as disabled in Head Start, children must meet two criteria. They must have one of the following disabling conditions (by professional diagnosis) and, by reason thereof, require special education and related services:

Blindness - A child shall be reported as blind when any of the following exists: (a) the child is sightless or has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment (Disability) - A child who is not blind shall be reported as visually impaired if: (a) central acuity, with corrective lenses, does not exceed 20/70 in either eye; (b) visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or he/she suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Deafness - A child shall be reported as deaf when any one of the following exists: (a) his/her hearing is extremely defective so as to be essentially non-functional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969)

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* Multiple Disabilities: Children will be reported as having multiple disabilities when, in addition to their primary or most disabling disabilities, one or more other disabling conditions are present.

in the better ear; (c) legal determination of deafness has been made in the State of residence.

Hearing Impairment (Disability) - A child shall be reported as hearing impaired when any one of the following exists: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) the child has hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

Physical Disability (Orthopedic Disability) - A child shall be reported as crippled or with an orthopedic disability who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, spina bifida, loss of or deformed limbs, burns which cause contracture, and cerebral palsy.

Speech Impairment (Communication Disorder) - A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional and/or educational achievements; or speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple disabling conditions, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health Impairment - The impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, severe asthma, severe cardiac conditions, severe allergies, blood disorders (e.g., sickle cell disease, hemophilia, leukemia), diabetes, neurological disorders, or autism.

Mental Retardation - A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).

Serious Emotional Disturbance - A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include, but not be limited to, conditions that indicate the child is: Dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, or psychotic.

Special Learning Disabilities - These disabilities refer to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. Such disorders include such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Not included are learning problems which are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language, spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and special educators with at least Master's degrees and evidence of special training in the diagnosis of learning disabilities.)

APPENDIX B

Resource Access Project Network

HHS Region	States Served	Resource Access Project (RAP)
I	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
II	New Jersey New York Puerto Rico Virgin Islands	New York University School of Continuing Education 48 Cooper Square, Room 103 New York, New York 10012
III	Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia	University of Maryland University College University Boulevard at Adelphi Rd Hyattsville, Maryland 20742
IV	Florida Georgia North Carolina South Carolina Alabama Kentucky Tennessee	Chapel Hill Training-Outreach Project 800 Eastowne Drive Chapel Hill, North Carolina 27514
	Mississippi	(subcontract) Friends of Children Head Start 119 Mayes Street Jackson, Mississippi 39213
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe School 403 East Healey Champaign, Illinois 61820
	Michigan Minnesota Wisconsin	(subcontract) Portage Project 626 East Slifer Street Portage, Wisconsin 53901

HHS Region	States Served	Resource Access Project (RAP)
VI	Arkansas Louisiana New Mexico Oklahoma Texas	Texas Tech University Special Project Division P.O. Box 4170 Lubbock, Texas 79409
VII	Iowa Kansas Missouri Nebraska	University of Kansas Medical Center Children's Rehabilitation Unit 26 Kansas City, Kansas 66103
VIII	Colorado Montana North Dakota South Dakota Utah Wyoming	University of Colorado at Denver Campus Box 193 P.O. Box 173364 Denver, Colorado 80217-3364
IX	Arizona California Hawaii Pacific Territories	Southwest Human Development 1366 East Thomas Road Phoenix, Arizona 85014
X	Idaho Oregon Washington Alaska	Portland State University Division of Continuing Education P.O. Box 1491 Portland, Oregon 97207
American Indian Programs:		Resource Center
	Arizona Colorado Montana Nevada New Mexico North Dakota Oklahoma South Dakota Utah Wyoming	Three Feathers Associates P.O. Box 5508 Norman, Oklahoma 73070

APPENDIX C

Children With Disabilities in Head Start by State * (or Geographical Entity)

Full Year 1988-1989

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Reporting	Number of Children Professionally Diagnosed as Disabled Through End of Operating Year	Percent of Enrollment Professionally Diagnosed as Disabled Through End of Operating Year
Alabama	37	1,294	11.70
Alaska	6	122	9.27
Arizona	20	505	12.41
Arkansas	20	973	14.19
California	141	5,119	12.28
Colorado	24	683	13.33
Connecticut	29	536	11.74
Delaware	5	133	13.56
District of Columbia	9	273	11.04
Florida	41	1,776	12.42
Georgia	42	1,431	12.03
Hawaii	6	181	11.17
Idaho	8	319	24.87
Illinois	82	2,875	11.39
Indiana	39	1,398	18.43

APPENDIX C (Continued)

Children With Disabilities
in Head Start by State *
(or Geographical Entity)

Full Year 1988-1989

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Reporting	Number of Children Professionally Diagnosed as Disabled Through End of Operating Year	Percent of Enrollment Profess-sionally Diagnosed as Disabled Through End of Operating Year
Iowa	21	698	16.89
Kansas	22	604	15.96
Kentucky	48	1,760	15.93
Louisiana	44	1,501	13.67
Maine	13	597	23.16
Maryland	29	934	15.29
Massachusetts	34	1,365	14.97
Michigan	83	2,531	10.95
Minnesota	27	876	13.01
Mississippi	21	2,703	13.41
Missouri	23	1,601	16.63
Montana	9	241	18.44
Nebraska	16	351	15.92
Nevada	4	81	12.98
New Hampshire	6	147	16.84
New Jersey	32	1,477	14.43
New Mexico	23	526	13.19
New York	150	4,052	14.72
North Carolina	43	1,821	16.07
North Dakota	8	118	15.35
Ohio	78	3,941	16.03
Oklahoma	24	1,229	15.47
Oregon	20	610	17.34
Pennsylvania	66	3,245	16.69
Rhode Island	8	233	13.66
South Carolina	15	831	12.87

APPENDIX C (Continued)

Children With Disabilities
in Head Start by State *
(or Geographical Entity)

Full Year 1988-1989

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Reporting	Number of Children Professionally Diagnosed as Disabled Through End of Operating Year	Percent of Enrollment Profess-sionally Diagnosed as Disabled Through End of Operating Year
South Dakota	7	186	15.01
Tennessee	29	1,466	14.96
Texas	83	3,127	12.95
Utah	12	335	13.77
Vermont	7	167	17.09
Virginia	36	849	15.13
Washington	31	771	15.16
West Virginia	28	689	15.22
Wisconsin	36	915	11.38
Wyoming	5	134	16.48
Puerto Rico	35	2,668	12.62
Virgin Islands	1	158	14.33
Pacific Territories **	9	207	4.02
Indian Programs	106	1,952	12.59
Migrant Programs	67	2,283	10.82
TOTAL	1,868	67,598	13.50

* State data exclude Migrant and Indian Programs

** Includes Head Start programs in the Commonwealth of Northern Mariana Islands, Palau, Ponape, Truk, Guam, American Samoa and Yap.

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